



## State of Arizona Substitute W-9 & Vendor Authorization Form

Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certification and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if

1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to a n Arizona state agency; **AND**
3. You will receive payment from the State of Arizona.

**Return completed form to the state agency with whom you do business, for review and authorization.**  
See instructions below or refer to the IRS instructions at [www.irs.gov](http://www.irs.gov) for details on completing this form.



<b>• Type of Request</b> (Must select at least ONE)											
<input type="radio"/> New Request		<input type="radio"/> New Location (Additional Mail Code)		<input type="radio"/> Change (Select the type(s) of change from the following:		<input type="checkbox"/> Tax ID <input type="checkbox"/> Legal Name <input type="checkbox"/> Entity Type <input type="checkbox"/> Minority Business Indicator		<input type="checkbox"/> Main Address <input type="checkbox"/> Remittance Address <input type="checkbox"/> Contact Information			
<b>• Taxpayer Identification Number (TIN) (Provide ONE Only)</b>											
Social Security Number (SSN)				-		-		OR Employer Identification Number (EIN)		-	
<b>• Entity Name</b> Must Provide Legal Name ( *Must match SSN or FEIN given. If Individual OR Sole Proprietorship enter First, Middle, Last Name.)											
<b>Legal Name*</b>											
<b>• Entity Type</b> Must select one of the following (Coding (X#) is for internal purposes only)											
<input type="radio"/> Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (61) <input type="radio"/> State of Arizona employee (1E) <b>STATE HRIS EIN</b>											
<input type="radio"/> Corporation NOT providing health care, medical or legal services (5A) <input type="radio"/> LLC, PLLC organized as corporation NOT providing health care medical or legal services (5A)											
<input type="radio"/> Corporation providing health care, medical or legal services (5M) <input type="radio"/> LLC, PLLC organized as corporation providing health care medical or legal services (5M)											
<input type="radio"/> Partnership, LLP or Partnership organized as LLC or PLLC (5C) <input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)											
<input type="radio"/> An international organization or any of its agencies/instrumentalities (5U) <input type="radio"/> Other: Tax Reportable Entity (5P) <b>Description</b>											
<input type="radio"/> The US or any of its political subdivisions or instrumentalities (2G) <input type="radio"/> Other: Tax Exempt Entity (5H)											
<b>• Minority Business Indicator</b> Must select one of the following (Coding (X#) is for internal purposes only)											
<input type="radio"/> Small Business (01) <input type="radio"/> Small, Woman Owned Business- Hispanic (31) <input type="radio"/> Minority Owned Business- African American (04)											
<input type="radio"/> Small Business- African American (23) <input type="radio"/> Small, Woman Owned Business- Native American (33) <input type="radio"/> Minority Owned Business- Asian (32)											
<input type="radio"/> Small Business- Asian (24) <input type="radio"/> Small, Woman Owned Business- Other Minority (11) <input type="radio"/> Minority Owned Business- Hispanic (74)											
<input type="radio"/> Small Business- Hispanic (25) <input type="radio"/> Woman Owned Business (03) <input type="radio"/> Minority Owned Business- Native American (15)											
<input type="radio"/> Small Business- Native American (27) <input type="radio"/> Woman Owned Business- African American (17) <input type="radio"/> Minority Owned Business- Other Minority (02)											
<input type="radio"/> Small Business- Other Minority (05) <input type="radio"/> Woman Owned Business- Asian (18) <input type="radio"/> Non-Profit, IRC § 501(c) (88)											
<input type="radio"/> Small, Woman Owned Business (06) <input type="radio"/> Woman Owned Business- Hispanic (19) <input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business (00)											
<input type="radio"/> Small, Woman Owned Business- African American (29) <input type="radio"/> Woman Owned Business- Native American (21)											
<input type="radio"/> Small, Woman Owned Business- Asian (30) <input type="radio"/> Woman Owned Business- Other Minority (08) <input type="radio"/> Individual, Non-Business (00)											
<b>• Main Address</b> Where tax information and general correspondence is to be mailed											
<b>• Remittance Address</b> Where payment is to be mailed <input type="checkbox"/> Same as Main											
DBA/Branch/Location						DBA/Branch/Location					
Address						Address					
City		State		Zip code		City		State		Zip code	
<b>• Vendor Contact Information</b>											
Name						Title					
Phone #		Ext.		Fax		Email					
<b>• Certification</b> <input type="checkbox"/> <b>Exempt from backup withholding</b>											
1. Under Penalties of perjury, I certify that: 2. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND 3. I am a U.S. person (including U.S. resident alien). Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on you tax return. For real estate transaction, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.</i>											
<b>Signature</b>				<b>Title</b>				<b>Date</b>			
<b>STATE OF ARIZONA AGENCY USE ONLY – Agency Authorization</b>											
State HRIS EIN				Print Name				Signature			
AGY		Title		Phone #		Email		Date			
<b>STATE OF ARIZONA GAO USE ONLY</b>											
<b>VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE</b>											
<input type="checkbox"/> IRS TIN Matching <input type="checkbox"/> Corporation Commission		VendorNumber		Processed by		DateProcessed					
<input type="checkbox"/> HRIS <input type="checkbox"/> GAO-03 <input type="checkbox"/> Other											